



**DOWNTOWN PROPERTY REHABILITATION TAX CREDIT
APPLICATION FORM
The City of Frederick, Maryland**

In order for applicants to receive a Downtown Property Rehabilitation tax credit, please submit this application and all back-up documentation before April 30th for the tax credit to be applied on the following Fiscal Year's tax bill (mailed July 1). Please submit this form to the City of Frederick's Department of Finance, 101 North Court Street, Frederick, Maryland 21701.

I. APPLICANT

Name of Applicant: _____ Phone: _____

Address: _____

Property Address: _____

Square footage of Rehabilitated Area: _____ Total Square footage of Property: _____

Zoning of Property: _____ Date of Original Building Construction: _____

Date Rehabilitation Project Began: _____ Date Rehabilitation Project Completed: _____

Are pedestrian and vehicular connections to adjacent commercial properties provided? ☐ Y ☐ N (If no, please attach documentation from the City of Frederick Planning Department determining that such connections were not feasible).

I hereby make oath that I am the present owner of the above property, that the subject property for which this tax credit application is submitted meets all of the requirements of the Charter of the City of Frederick Ch. 8, Article III, Section 8-3 and that this certification and the above information is true and correct.

Signature of Applicant

Date

II. STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

First full year the improvements were added to the assessment roll: _____

Increase in assessment attributable to reconstruction and improvement of property in the above revitalization district:

\$ _____ Account No. _____

Supervisor of Assessments

Date

III. CITY OF FREDERICK

I certify that the above property is located within the City of Frederick, Frederick County, Maryland and that the project meets the requirements of the Charter of the City of Frederick Ch. 8, Article III, Section 8-3.

Fiscal Year of Tax Credit	Assessment Increase	Tax Rate	% of Exemption *	Amount of Exemption
_____	_____	_____	_____	\$ _____

Director, Economic Development Date

Mayor, City of Frederick Date

* THIS IS THE _____ YEAR THE APPLICANT HAS APPLIED FOR THE TAX CREDIT.